

**HAND
DELIVERED**

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: MARCO L. DAVIDSON

Daytime Telephone: 5

U.S. HOUSE OF REPRESENTATIVES

LEGISLATIVE RESOURCE CENTER
18 APR 16 PM 12: 13

FILER STATUS	New Member or Candidate for U.S. House of Representatives	State: <u>PA</u>	District: <u>NEW 5</u>	Check if Amendment
	Candidates - Date of Election:			
	New Officer or Employee	Staff Filer Type (If Applicable):	Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Period Covered: January 1, _____ to _____
	Employing Office:	(Office Use Only)		

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and <u>two</u> prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and <u>two</u> prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name:

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BLOCK A		Value of Asset	Type of Income	Amount of Income											
				BLOCK B											
Assets and/or Income Sources		BLOCK C													
Individually: (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period; and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.		<p>Indicate value of asset at close of the reporting period. If you check all columns that apply, For accounts using a valuation method other than fair market value, phenomenal gains/losses indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be deducted as income held in taxable accounts.</p> <p>If an asset was sold during the reporting period and is included in Column M, it is not deductible. The “Tax-Deferred” column, dividends, interest, and capital gains, even if reinvested, must be deducted as income held in taxable accounts. Check “None” if the asset generated no income during the reporting period.</p>													
Provide complete names of stocks and mutual funds (do not use only ticker symbols).															
For all IRA's and other retirement plans (such as 401(k)s) provide the value for each asset held in the account that meets the reporting thresholds.															
For trust and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		<p>If an asset was sold during the reporting period and is included in Column M, it is not deductible. The “Tax-Deferred” column, dividends, interest, and capital gains, even if reinvested, must be deducted as income held in taxable accounts. Check “None” if the asset generated no income during the reporting period.</p>													
For rental and other real property held for investment, provide a complete address or description, e.g., residential property, and a city and state.															
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.															
Estimate: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial investment program, including the Thrift Savings Plan.															
If you report a privately-funded fund, such as an Employee Investment Fund, please check the “EF” box.															
If you choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC), or jointly held with anyone (JT).															
In the optional column on the far left, For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.															
C.R.	EF	BLOCK D													
UT	Example:	BLOCK E													
	New Corp Stock Sam & Schuster ABC Hedge Fund	Holding	BLOCK F												
	PA Deferred Comp SRS PENSION	X	Bonuses Partnership Income												
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SCHEDULE C – EARNED INCOME

list the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more.

and filer's spouse. List the source and amount of any honoraria. List only the sources for other spouses earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Members and employees compensated at or above the "senior staff" rate were \$72,765. The 2018 FTE is \$28,000. In addition, certain types of income (notably salary, director's fees, and perquisites) for members and employees are not included in the FTE calculation because they may not be received by all members and employees. The amount of money received by our members and employees who receive compensation at or above the "senior staff" rate was \$72,765. The 2018 FTE is \$28,000. In addition, certain types of income (notably salary, director's fees, and perquisites) for members and employees are not included in the FTE calculation because they may not be received by all members and employees.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Amount

Source (include date of receipt for nonserial)

Name _____

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3
of
6

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name _____

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (*i.e.*, credit card) only if the balances at the close of the reporting period exceeded \$10,000. **Column K** is for liabilities held solely by your spouse or dependent child.

Column K is for Habilities held solely by your spouse or dependent child.

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: _____

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	NONE	

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example		
	Doe Jones & Smith, Hometown, Homestate	Accounting Services

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: _____

NOTE NUMBER	NOTES
NOTE	NOTES

Use additional sheets if more space is required.